efficients were calculated with 95% of confidence interval. Detecting all lesions, with any severity, required, on average, 40 seconds more than for not detecting initial lesions (mean ± standard deviation) (G1: 435.8s ± 128.4, G2: 397.0s ± 103.1; p=0.004). However, this difference in the duration of examinations did not cause significant differences on their costs (G1: 19.80 ± 10.52 reais, G2: 18.31 ± 9.63 reais; p=0.30). Longer examinations were observed for children with higher caries experience (β [95% CI], p-value) (5.70 [3.55 to 7.86], p<0.001), bad oral hygiene (156.88 [95.37 to 218.39], p<0.001) or presented bad behaviour during the appointment (43.45 [11.07 to 75.83], p=0.009). Finally, the higher the dmfs, the higher the cost of the session, independently of the strategy for caries detection (0.19 [0.04 to 0.34], p=0.014). The detection of initial caries lesions results to slightly more time. However, it does not impact on costs of the examination. Actually, the more carious or restored surfaces child has, the more expensive the session, regardless the strategy for caries detection.

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Does Children's Caries Experience Influence the Performance of Examiners in Detecting Approximal Caries Lesions?

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This study aimed to evaluate if the children's caries experience exerts influence on the performance of visual and radiographic methods for the detection of approximal caries lesions in primary molars. Eighty children aged from 3 to 6 years were selected and classified according to the past caries experience considering cavitated lesions (WHO criteria). Two calibrated examiners evaluated 526 approximal surfaces for the presence of caries lesions using visual inspection and radiographic methods. As reference standard, two other examiners checked the surfaces by direct visual inspection after the temporary separation with orthodontic rubbers. Poisson multilevel regression analyses were conducted to evaluate the influence of the caries experience on the performance of diagnostic strategies. Prevalence ratios (PR) and 95% confidence intervals (95%CI) were calculated. Significant influence of caries experience was observed only on the visual inspection, since a higher proportion of false-positive results was observed in children with higher caries experience at non-cavitated lesions threshold (PR=4.01; 95%CI=1.12 to 14.39) and for false results in general at cavitated threshold (PR=2.78; 95%CI=1.05 to 7.38). The detection of non-cavitated caries lesions in children with higher caries experience was overestimated (specificity=0.696), compared with children with lower caries experience (specificity=0.918), probably due to a cognitive bias (confirmation bias). However, the examiners underestimated the detection of cavitated caries lesions in children with higher caries experience (sensitivity=0.143) compared with lower caries experience children (sensitivity=0.222), probably because of representativeness bias. Radiographic method was not influenced by the children's caries experience. In conclusion, the child's caries experience exerts influence on visual inspection in detecting approximal caries lesions in primary teeth, suggesting the occurrence of cognitive bias when examiners conduct visual inspection for caries lesions detection in children.

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Caries Status of Black Stained Teeth Using ICDAS System

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Black stain (BS) is generally seen on cervical area of a tooth. The aim was to analyse caries status by ICDAS System and to compare BS with non-BS teeth. 10 patients with BS from 185 patients attended to Marmara University aged 16–51 years were included to study. Detailed medical histories were recorded and informed consent taken. A total of 111 teeth with BS and 144 with non-BS teeth of patients were recorded with ICDAS Scores after visual (naked eye,mirror-sound and digital photography) and radiographic examinations by single examiner. ICDAS Score 0 indicated 'non-carious' ICDAS 1-2 were reversible lesion (White spot lesion) and ICDAS 3-4-5-6 were saved as 'cavitated carious' teeth. All teeth with restorations and crowns were excluded from study. Chi-square test was used for statistical comparisons. The proportion of teeth without caries is significantly higher among teeth with black-stain than without BS (62.2% and 36.1% respectively; X^2=18.231, p<0.001; Kappa=0.216, p<0.001). Detailed analysis showed statistically significant difference between three groups namely ICDAS=0, ICDAS=1-2 and ICDAS=3-4-5-6. Additionally, six of total 10 patients were reported as suffering from Fe+ deficiency at different degrees. In conclusion, black stained teeth showed less caries scores compared to non- BS. Kappa statistics indicate that, there is a weak (Kappa=0.216) and significant (p<0.001) agreement between presence of BS and absence of decay. While it was tooth-specific formation, ICDAS System gave tooth-specific and exact results. We think, further studies are necessary to examine besides any relation whether BS can protect against caries or not; and the mechanism between Fe+ deficiency and BS development.